

US Department of Justice  
Federal Prison System

Number: HSU 6000  
Date: November 25, 2015  
Subject: Management of  
Mentally Ill Inmates

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

**HEALTH SERVICES UNIT  
PROCEDURE STATEMENT  
Management of Mentally Ill Inmates**

**PURPOSE:** To provide guidance on the procedures for management of the mentally ill inmates.

**POLICY:** Program Statement 6340.04

**PROCEDURE:**

1. Mentally ill inmates are managed through Health Services staff, **contract Psychiatrist**, and the Psychology Services.
2. If an inmate is to receive psychiatric medications voluntarily, his informed consent must be documented. Prior to his consent the inmate must be informed as to why the medication was necessary, how it could improve his condition, possible side effects, consequences of no taking his medication, and any alternative treatment deemed appropriate.
3. The emotionally ill inmate will be seen at least twelve (12) months for the Mental Health Chronic Care Clinic by the medical doctor (MD), but may be seen more frequently if deemed necessary. All patients on psychiatric medication shall be monitored regularly for side effects. Psychiatric medications shall be valid for 30 days with up to five (5) refills for a total of 180 days.
4. The Medication Technician will closely monitor drug compliance of the mentally ill inmates and report to the Health Services Administrator and Chief Psychologist any inmate that is non-compliant.
5. If involuntary medication has to be administered in an emergency setting outside a Psychiatric Referral Center, there should be an immediate emergency referral to one of the referral centers for evaluation and possible hospitalization.
6. Emergency treatment with psychiatric medications will ordinarily not be continued for more than 72 hours outside of a Referral Center.

Reviewed: 2015, 2016, 2017. Reviewed November 1, 2018



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Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

Number: HSU 6000  
Date: November 25, 2015  
Subject: Privacy

**HEALTH SERVICES UNIT  
PROCEDURE STATEMENT  
PRIVACY**

**PURPOSE:** It is the intent of the Bureau of Prisons to safeguard the inmate's right to privacy.

**PROCEDURE:** All Health Services Staff will maintain a strict level of confidentiality of inmate's medical issues. At no time will a Health Services Staff member openly divulge an inmate's medical issues to an individual who does not have a right to know. Case Studies may be discussed among medical providers during training but in a manner that does not compromise an inmate's privacy. In addition, staff members should be aware of their surroundings when speaking about a specific inmate's medical issue. This is to prevent from being overheard by inmates or non-medical staff.

Inmates have the right to privacy during a medical procedure and or examination. Health Services Staff should try and create a private environment where an inmate can receive medical treatment. Each exam room has a door that is closed during exams. Special Housing Unit (SHU) requires inmates to write out their medical complaint on a confidential sick call form and then pass it through the door to the medical provider. And examination room is located in SHU for examining the inmate in privacy.

Reviewed: November 1, 2018

US Department of Justice  
Federal Prison System

Number: HSU 6031.01  
Date: November 25, 2015  
Subject: Exposure Control  
Plan

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

## **HEALTH SERVICES UNIT PROCEDURE STATEMENT Exposure Control Plan**

- PURPOSE:** To establish standard methods for providing quality health care and protecting all staff and inmates by reducing the risk of infectious disease transmission. This document will be reviewed at least annually. The CD, HSA, ICO, and other appropriate institution staff will meet at least quarterly to review the implementation of the institution's infection control and surveillance program.
- REFERENCES:** Infectious Disease Management P. S. 6190.03 (attachment 1), Infectious Disease Management OSHA Regulations (Standards - 29 CFR) - 1910.1030 - Bloodborne Pathogen (attachment 2), 1910.1020 - Access to employee exposure and medical records (attachment 3), BOP Clinical Practice Guideline, June 2009, Medical Management of Exposures: HIV, HBV, HCV, Human Bites and Sexual Assaults (attachment 4), Centers for Disease Control, MMWR, Recommendations and Reports, September 30, 2005/Vol. 54/No. RR-9, Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post-exposure Prophylaxis (attachment 5), Blood Spill Training (attachment 6) and ACA: 4-4424, 4-4354M, 4-4358M.
- SCOPE:** All staff and inmates who have potential contact with blood or other body fluids of other inmates and/or staff.
- AUTHORITY:** The Health Services Unit is required to deliver health care services in such a manner as to limit the possibility of an occupational exposure to bloodborne pathogens or other potentially infectious material.

**PROCEDURE:** An Exposure Control Plan and Infection Control guidelines were developed to reduce the risk transmission of disease.

The EXPOSURE CONTROL PLAN includes:

- A. Exposure Determination
- B. Methods of Compliance
- C. HIV and HBV Research Laboratories and Production Facilities
- D. Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up
- E. TB control
- F. Communications of Hazards to Employees
- G. Record keeping
- H. Sharps injury reporting and Safety Concerns.

**A. Exposure Determination**

(See attachment 1, Infectious Disease Management P.S. 6190.03 and attachment 2, Infectious Disease Management OSHA Regulations (Standards-29 CFR) - 1910.1030)

All Bureau employees assigned to correctional facilities are required to perform tasks which potentially could expose them to blood and body substances. All Bureau employees are covered by, and must comply with, all aspects of the ECP.

**A.1.** The Occupational Safety and Health Administration (OSHA) requires employers to perform an exposure determination concerning which employees (or inmates) are at high risk of exposure to blood or other potentially infectious materials (OPIM). The exposure determination is made without regard to the use of personal protective equipment (i.e., an employee's, or inmates' potential for exposure is based on the tasks they perform). This exposure determination is required to list all job classifications in which all employees, or inmates may be expected to incur such occupational exposure, regardless of frequency. At this facility the following job classifications are in these categories:

- A.1.a.** CATEGORY I - Personnel routinely exposed to bloodborne pathogens.
  - a. Dental Staff
  - b. Nursing Staff
  - c. Physicians
  - d. Mid-Level providers
  - e. Health Tech. / EMT
  - f. Inmate Dental Assistants
  - g. Staff & or Inmates who handle infectious linen.
  - h. Health Service Orderlies

- i. Inmates assigned to blood spill clean-up teams

**A.1.b. Tasks and Procedures with Risk of Exposure Potential.**

- a. Suturing
- b. Minor Surgery
- c. Dental Procedures
- d. Wound Management
- e. Venous/Arterial Access Procedures
- f. Suction Catheters
- g. Urine Catheters
- h. Phlebotomy
- i. Injections
- j. Finger Sticks
- k. Rectal Exams
- l. EENT Exams
- m. Dental Exams
- n. Infectious Waste Management
- o. Soiled Linen Management
- p. Sterilization/Disinfection of Contaminated Items
- q. Housekeeping, Cleaning of Blood or Body Fluids

**A.2.** In addition, OSHA requires a listing of job classifications in which some employees (or inmates) in these categories would be expected to incur exposure to blood or other potentially infectious materials. Tasks or procedures that would cause these employees or inmates to have occupational exposure are also required to be listed in order to clearly understand which employees or inmates in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

**A.2.a. CATEGORY II - Personnel not routinely exposed to bloodborne pathogens.**

- a. Other Health Services Staff
- b. Correctional Workers
- c. Safety Staff

**A.2.b. CATEGORY III - Personnel not anticipated being exposed to bloodborne pathogens.**

- a. Warden, Associate Wardens, Secretary
- b. Pastoral Staff
- c. Psychology Staff
- d. Food Service Staff
- e. Business Office Staff
- f. Inmate Systems Staff

- g. Employee Services Staff
- h. Computer Services Staff
- i. Education Staff
- j. Case Management Staff
- k. Facilities Management Staff
- l. Unit Management Staff
- m. Non-Health Services Inmates
- n. Inmates who do not handle infectious linen.

**A.3.** All staff members at FCI Sandstone are considered to be correctional workers and as such have the potential to be assigned to a task that could expose them to blood and/or body fluids.

## **B. Methods of Compliance**

(See attachment 2, Infectious Disease Management OSHA Regulations (Standards-29 CFR) - 1910.1030 and attachment 1, Infectious Disease Management P.S. 6190.03)

### **B.1. GENERAL.**

Universal precautions are an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if (known to be infectious for HIV, HBV, and other bloodborne pathogens.) shall be observed to prevent contact with blood or Other Potential Infectious Material. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

**“Universal Precautions (Standard Precautions).** This method of infection control requires all employees and inmates to assume that all human blood and specified human body fluids are infectious for HIV, HBV, and other bloodborne pathogens.)

*THE SINGLE MOST IMPORTANT MEASURE TO REDUCE OR ELIMINATE THE RISK OF BLOODBORNE PATHOGEN EXPOSURE IS TO FOLLOW UNIVERSAL PRECAUTIONS.*

**Hand washing is the single most effective means to reduce the risk of transmitting bloodborne pathogens.** Hands should be washed with an antibacterial soap immediately after any procedure where there is a risk of contact with bloodborne pathogens or visibly soiled. This includes patient examinations, handling specimens of blood or infected material and participation in medical or dental procedures, including first aid or CPR. Hands should be washed immediately after gloves are removed. The use of a Hand Sanitizer is recommended when hands are not visibly soiled.

### **B.2. INFORMATION AND TRAINING.**

All institution staff, health services orderlies, blood spill clean-up crews, dental assistants, laundry workers who handle infectious linen and recycling inmates will be provided with training in the area of bloodborne pathogens and TB control during initial orientation and at least once yearly. Training for all employees and inmates will be conducted within 10 days of their assignment to where occupational exposure may occur. The yearly updates are usually taught during annual refresher training sessions for regular staff. The refresher course for health services unit contract employees and inmate orderlies will be provided by health services staff during normal working hours annually. Training includes the following elements:

- B.1.a.** Obtaining copies of applicable regulatory texts with an explanation of their contents.
- B.1.b.** Information on the epidemiology and symptoms of bloodborne diseases and TB.
- B.1.c.** Ways in which bloodborne pathogens and TB are transmitted.
- B.1.d.** Explanation of the ECP and how to obtain a copy.
- B.1.e.** Information on recognizing tasks that might result in occupational exposure.
- B.1.f.** Explanation of universal precautions, the use and limitations of work practice, engineering controls, and personal protective equipment.
- B.1.g.** Information on the types, selection, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- B.1.h.** Information on hepatitis B vaccination such as safety, benefits, efficacy, methods of administration, and availability.
- B.1.i.** Information on whom to contact and what to do in an emergency.
- B.1.j.** Information on reporting an exposure incident and on the post-exposure evaluation and follow-up.
- B.1.k.** Information on warning labels, signs (where applicable), and color-coding.
- B.1.l.** Question and answer session on any aspect of the training.
- B.1.m.** Training records for correctional officers will be maintained by employee services and training records for inmates will be maintained by the infection control officer. The record of training will include the dates of the training sessions, the contents or a summary of the training sessions, names and job titles of all persons attending the training sessions. Training records will be maintained for 3 years from the date on which the training occurred.

### **B.3. ENGINEERING AND WORK PRACTICE CONTROLS.**

Engineering controls manufacture out the hazard to the employee, whereas, work practice controls reduce the likelihood of exposure by changing the way a task is performed.

#### **B.3.a. Engineering Controls**

The Health Services Unit and the Dental Clinic are equipped with sharps disposal



containers, bio-hazardous waste containers with lids, red Bio-Hazard bags, and yellow Infectious Linen bags (with water soluble inner bag). Devices to recap needles are in [REDACTED] lab and the Dental Clinic. The primary instrument used to draw blood is a multi-draw, safety needle and a disposable needle holder.

As new products are specifically developed and designed to reduce the risk of accidental exposure, such products will be evaluated for effectiveness prior to purchase. The pharmacist, laboratory technicians, safety department, and health services staff will work in conjunction with the HSA in arranging demonstration, purchase, implementation, and product evaluation of all new technology. It is recognized the actual individuals using the product, will be the most knowledgeable to perform final evaluations, for the continued use of any new technology.

Sharps containers and bio-hazardous waste containers are located in all treatment areas where potentially infectious waste is generated and sharps are used.

**B.3.b. Work Practice Controls**

These are controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., recapping of needles using both hands is strictly forbidden here at FCI, Sandstone).

**B.3.b.1.** Insulin dependent diabetics receive their insulin in a pre-loaded safety syringe. The inmate will inject himself, activate the safety feature and place the syringe into a sharps container under the supervision of a medical staff member.

**B.3.b.2.** The dentist, at his discretion, may choose to recap a needle used for the administration of anesthesia, for later use with the same patient. Such recapping will be accomplished with a standard needle recapping device, or using the scoop technique if within a sterile work field.

**B.3.b.3** Medical staff may recap using an one handed technique (scoop) or with the aid of a shielded recapping devise.

**B.3.c. Personal protective equipment.**

Personal protective equipment (PPE) is made available to Health Services staff members and assigned inmates and is to be used when clinically indicated. As a condition of employment, all staff members and inmates who may be exposed to infectious or hazardous agents at work must wear protective barriers that sufficiently protect themselves and others from infectious or hazardous exposures. All necessary PPE is provided for staff and inmate protection. Training is provided on utilizing the appropriate PPE for the specified task, equipment options available and proper equipment usage.



**B.3.c.1. Gloves:**

**B.3.c.1.a.** Non-sterile examination gloves are used for procedures where there is a potential for exposure to body fluids, contaminated objects, or chemicals. These gloves are used for most medical, dental, and first aid procedures. These gloves are also used when removing trash and transporting soiled laundry.

**B.3.c.1.b.** Sterile surgical gloves are used for surgical procedures and when a patient's vulnerability to infection warrants precaution.

**B.3.c.1.c.** Utility Gloves are used for handling instruments/sharps during sterilization and clean up; for handling hazardous, caustic, or irritating chemicals; or cleaning up of other hazardous wastes.

**B.3.c.1.d.** Over-gloves are used over contaminated gloves when it is necessary to avoid contaminating items not associated with the present procedure and other methods to prevent cross-contamination are not chosen.

**B.3.c.1.e.** Inmates may **never refuse** to wear PPE.

**B.3.c.1.f.** Antimicrobial Soap is available in each patient treatment area and is recommended because it provides residual antimicrobial protection for hands after repeated uses.

**B.3.c.1.g.** Alcohol-based hand sanitizers are available to all health services staff for use in clinical areas.

**B.3.c.2. Face and Eye Protection**

**B.3.c.2.a.** Glasses: Eyes must be protected any time there is a chance of injury or exposure to any hazardous or infectious agent, especially through a risk of splatter or aerosol of these agents. Protective eye-wear is provided in the clinic to meet OSHA standards; safety glasses/ goggles/shields.

**B.3.c.2.b.** Face Shield: Face shields offer greater protection when there is a chance of splatter. The face shield cannot be substituted for safety glasses or a mask.

**B.3.c.2.c.** Laboratory Splash Shield: Protective splash shields

are attached to the equipment set- ups for the lathe and model trimmer. Splash shields cannot be substituted for safety glasses or a mask. Splash shields reduce aerosols and splatter during grinding procedures.

**B.3.c.2.d. Mask:** Masks are required whenever there is a chance of generating splatter or aerosol of hazardous or infectious materials. All masks used will filter out particles of size greater than 3 microns.

**B.3.c.3. Protective Clothing:**

**B.3.c.3.a.** All outer clothing must be covered for "exposed" procedures in the clinic. The arms and neck areas that might reasonably be contaminated must also be covered. In situations where employees might be soaked or excessively splashed, barrier clothing of a fluid-resistant material must be worn. Disposable lab coats are provided and will be changed when visibly soiled or at the end of each day.

**B.3.c.3.b.** Lab coats will not be worn out of the patient treatment area and will never be taken home for cleaning. Contaminated clothing and linen will be stored in the container provided to store contaminated clothing. Cloth and disposable lab coats will be provided by the institution. Disposable lab coats will be discarded in hazardous waste receptacles and lab coats will be cleaned by the institution.

**B.3.c.4.** Proper use of personal protective equipment includes the proper disinfection or disposal of equipment. Utility gloves may be cleaned and reused by washing and spraying with a surface disinfectant. Other gloves must be disposed of after each use by placing them in the appropriate receptacle.

**B.3.c.5. Emergency Clean up Materials:**

**B.3.c.5.a.** Clean up materials are available to clean spills of blood or body fluids. These materials are primarily located in the Health Services Unit. Kits are also available in the Lt. Office and the [REDACTED]

Necessary items include:

- Latex exam gloves
- Masks, shields and masks with shields
- Antimicrobial hand wipes

- “Bio-Wipe” bags
- Solidifier
- Scoop
- Red bio-hazard, yellow (infectious linen), and water-soluble bag.
- Approved Spray disinfectant. Currently CLEAN ON THE GO HDG-C2 (available on the unit), Cavicide, and Sani-cloths (available from Health Services only)

**B.3.c.5.b.** HSU orderlies, Dental Assistants and Blood Spill Clean-up team members are instructed on how and when to use the emergency clean up materials. (See attachment 6).

**B.3.d.** Proper Work Practices

**B.3.d.1.** Needles should not be recapped except by the Dental Department by mechanical means or a one handed technique. Needles, blades and any other sharps will be placed in a sharps container located in the patient treatment area immediately after their use. Broken glass or any other sharp objects must not be picked up by hand, but should be handled with tongs, broom/dust pan or use of an emergency clean up kit.

**B.3.d.2.** Prohibited Activities in Exposure Areas (all clinical areas) Are:

- a. Eating
- b. Drinking
- c. Application of lip balm or cosmetics
- d. Handling of contact lenses
- e. Storage of food or drinks

**B.3.e.** Regulated Medical Waste: (liquid or semi-liquid blood or other potentially

infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.)

**B.3.e.1.** Blood, blood products and containers - blood tubes, vials, suction/drainage bags, dressings, bandages, soiled gauze with blood and/or body fluids.

**B.3.e.2.** Pathological waste - consists of human tissue, organs, body parts, blood and body fluids that are removed during routine or emergency surgical procedures.

**B.3.e.3.** Other waste from routine or emergency surgical procedures - soiled dressings, gloves, drapes, sponges, etc., that comes in contact with tissue, body fluids, blood or secretions/excretions.

**B.3.e.4.** Sharps - (present the double hazard of inducing disease and inflicting injury) - includes needles, syringes, scalpel blades, etc.  
(See attachment 2 for sharps container specifications)

**B.3.e.5.** Discarded biological waste - live vaccines for human usage, tetanus toxoid, positive protein derivatives, etc., and expired medications are returned to a pharmaceutical wholesaler company for disposal.

**B.3.e.6.** Contaminated equipment - disposable equipment contaminated with pathogens, e.g., suction canisters, drainage bags, HEPA filters from biological safety cabinets.

**B.3.e.7.** Domestic waste - rubbish, garbage and other waste that is known or suspected of having infectious or hazardous waste.

**B.3.e.7.a.** Soiled disposable materials, paper wrappings, tongue blades, IV tubing with needles removed, IV bottles/bags, naso-gastric tubes, oxygen supplies, etc.

**B.3.e.7.b.** Office waste.

**B.3.e.7.c.** Food waste.

**B.3.f.** Waste Disposal Routes:

**B.3.f.1.** All bulk blood, suction fluids, excretions and secretions will be carefully poured down the large sink drain in the Treatment Room. The drain will then be flushed with continual running water from the faucet for at least 2 minutes. The persons performing this procedure will use personal protective equipment as needed.

**B.3.f.2.** Infectious waste will be placed in the bio-hazardous waste containers located in the Health Services Unit. These containers will be checked and emptied daily, as needed and the contents will be taken to the bio-hazardous waste storage area located at the back of the Health Services

Unit. Bio-hazardous waste will be picked up and disposed of by a contracted biological waste disposal company on monthly, or as needed.

**B.3.g. Waste Disposal Procedures**

**B.3.g.1.** All general waste will be placed in the regular issue institution plastic bags before being taken to trash dumpsters by inmate orderlies. General waste will be separated into recyclables when possible.

**B.3.g.2.** The Health Services Unit will separate bio-hazardous waste from general waste at the time generated. Red plastic bags imprinted "BIO-HAZARD" will be used for infectious waste and blood soaked materials only. The bags will be placed in a second bag in the bio-hazardous waste containers.

**B.3.g.3.** Receptacles will be labeled "BIO-HAZARD" with a foot-controlled lid and lined with a red bag. The lid must remain in the closed position when not in use. The receptacle will be inspected daily and emptied as needed. The receptacle will be cleaned with a surface disinfectant by the inmate orderlies while under staff supervision. The red plastic bags will be sealed with tape or tied securely.

**B.3.g.4.** Needles, syringes, scalpel blades, and disposable suture removal sets will be placed in the sharps containers located in each patient exam room and the treatment room.

**B.3.g.5.** Emergency spill materials will be used to clean up and dispose of any blood and body fluid spills. These spill materials may be used by trained inmate orderlies under staff supervision. Spill materials are kept in the Health Services Unit. The contaminated materials will then be disposed of in a hazardous waste container located in the Health Services Unit. (see B.3.c.5)

**B.3.h. Laundry:**

**B.3.h.1.** Employees are **prohibited** from taking contaminated clothing home to be washed. Contaminated laundry will be placed in the proper laundry receptacle that is lined with a water-soluble plastic bag inside a yellow "Infectious Linen bag". A blood spill trained orderly, will put on gloves, close the tie on the water-soluble plastic bag, then close the yellow contaminated linen bag and transport it to the laundry facility. After hours or on weekends, the linen bag will be left inside the outside door of laundry. Health Services linen will be stored in Health Services until

laundry is available.

**B.3.h.2.** Inmates are allowed to transport contaminated clothing or other items to the institution laundry. Laundry will be cleaned, dried, folded, ironed and returned to the health services unit.

**B.3.i.** Instrument Disinfection

**B.3.i.1.** Submersion technique is no longer used in the treatment room. Instruments are cleaned with soap and water and a brush, immediately after use or disposed of in sharps container, if disposable. The cleaned, non-disposable instrument is then taken to the dental lab area for sterilization.

**B.3.j.** Instrument Sterilization:

**B.3.j.1.** Steam under pressure

**B.3.j.1.a.** Autoclave sterilization is used for all instruments that are not heat sensitive. The Dental Clinic is responsible for all instrument sterilization here at FCI Sandstone. Please refer to the Dental Clinic Policy and Procedures Manual.

**B.3.j.1.b.** Cleaned, unsterile instruments are wrapped or otherwise prepared for sterilization by the dental staff and/or health services staff.

**B.3.j.2.** Chemical (submersion) sterilization is not used at FCI Sandstone.

**B.3.j.3. Hand instruments.** All hand instruments are cleaned as described in B.3.i.1. Each instrument is placed in a Self-Seal Sterilization Pouch of appropriate size for that instrument. A sterilization indicator is part of the manufacturer's packaging. The instruments are considered sterilized after autoclaving, if the pouch and the sterilization indicators have changed to the appropriate colors. All sterilized instruments are stored in the respective areas where they are normally used. Instruments are considered sterile as long as the package is intact. Spore monitoring is done on a weekly basis on the autoclave (when the Dental Clinic is operating).

**B.4.** Surface Disinfection:

**B.4.a.** Chemical used: “Opticide” is used in dental areas, exclusively. Dental also uses CLEAN ON THE GO HDG-C2 for other surface disinfection. Other health care areas will use the current disinfectant issued by the Safety Department. Currently these chemicals are CLEAN ON THE GO HDG-C2, Sani-cloths and Cavicide.

**B.4.b.** Treatment Table – Sprayed or wiped with approved disinfectant and let stand for 2 minutes, (or as recommended by the manufacturer) then wiped to remove excess liquid with paper towel or gauze between each patient.

**B.4.c.** Sinks and faucets - Unless clinic sinks are used as a depository for contaminated items, they do not require routine disinfection between patients. They should be cleaned and disinfected at least daily. Faucet controls will be disinfected between patients, as needed. Use over gloves or paper towels to operate faucets that are not equipped with foot controls. The approved disinfectant will be sprayed or wiped, let stand 2 minutes (or as recommended by the manufacturer) and excess wiped away.

**B.4.d.** Handles, switches and controls that are subject to gross contamination - Handles will be covered with a disposable barrier. Control knobs that cannot be covered will be wiped with gauze that is saturated with a disinfectant solution. Spraying chemicals directly on electrical controls may result in shorting of circuits.

**B.4.e.** Cabinets - All work surfaces unprotected by barriers will be disinfected between patients with disinfectant solution spray and left to stand 2 minutes, (or as recommended by the manufacturer) then wiped dry. Avoid opening cabinet doors or drawers during patient treatment. When necessary, over gloves eliminate the need for extensive disinfection between patients. At the end of each day, disinfect all areas that may have been touched including counter tops, cabinetry exposed to aerosols, drawer and door handles and telephone receivers.

**B.4.f.** Floors - clean and mop the floors daily, per our sanitation schedule, or more often as indicated. Floors will be buffed at least weekly.

**B.4.g.** Disposable single use items - Single use disposable items will not be reused. Such items will be discarded after use.

#### **C. HIV and HBV Research Laboratories and Production Facilities**

None of these facilities exist at this institution.

#### **D. Hepatitis B Vaccination, Post-exposure Evaluation and Follow-up.**



(See Infectious Disease Management P. S. 6190.03 (attachment 1), Infectious Disease Management OSHA Regulations (Standards - 29 CFR) - 1910.1030 - Bloodborne Pathogen (attachment 2), Access to employee exposure and medical records-1910.1020 (attachment 3), BOP Clinical Practice Guideline, June 2009, Medical Management of Exposures: HIV, HBV, HCV, Human Bites and Sexual Assaults (attachment 4), Centers for Disease Control, MMWR, Recommendations and Reports, September 30, 2005/Vol. 54/No. RR-9, Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis (attachment 5) and ACA: 4-4424, 4-4354M, 4-4358M.)

#### **D.1. Hepatitis B Vaccination**

**D.1.a.** All staff and inmates identified as high risk for exposure to a bloodborne pathogen, will be offered the Hepatitis B Vaccine Series, at no cost. The vaccine will be offered within 10 working days of their initial assignment, unless the employee or inmate has previously had the vaccine series or prior Hepatitis B infection.

**D.1.b.** Employees and inmates will be given the current Vaccine Information Sheet (VIS) for review prior to being vaccinated. Staff will use the current staff consent form and inmates will use the current inmate consent form.

**D.1.c.** Employees and inmates who initially decline the vaccine, but who later wish to have it, may then have the vaccine provided at no cost.

**D.1.d.** The Infectious Disease Coordinator is responsible for coordinating and primary oversight of the Hepatitis B vaccine program. All new F.C.I. Sandstone employees will be sent to the Infectious Disease Coordinator during IF training or during in processing to be offered the Hepatitis B vaccination. All inmates who are newly assigned to areas identified as high risk for exposure to bloodborne pathogens will be referred, by their supervisor, to the Infectious Disease Coordinator no later than 7 days after starting the specified job.

**D.1.e.** Employees that provide first aid at an injury site face a low risk of exposure. However, if it is determined that there is an exposure incident, these employees, if they are not immunized against hepatitis B, will be offered the vaccine within 24 hours of the possible exposure. It is the employees' responsibility to immediately advise the health services staff of this possible exposure. This information is reviewed yearly in Annual Refresher Training.

**D.1.f.** Inmate workers at risk for bloodborne pathogen exposure in accordance with the institutional exposure control plan will be offered the Hepatitis B Vaccine series within 10 working days.

**D.1.g.** For further indications of Hepatitis B vaccine refer to P.S. 6190.03.

**D.2. Bloodborne Pathogen Post Exposure Evaluation and Follow-up:**

**D.2.a.** F.C.I. Sandstone shall make available all post occupational and non-occupational exposure treatment, evaluation and follow up care available to all employees and inmates at no cost. F.C.I. Sandstone shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series, post-exposure evaluation and follow-up including prophylaxis are made at no cost. Post exposure care will be made available at a reasonable time and place, performed by or under the supervision of a licensed physician or by under the supervision of another licensed healthcare professional and provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, and ensure that all laboratory tests are conducted by an accredited laboratory. When an employee or inmate incurs an exposure incident, it will be reported immediately to the health services staff, including Infectious Disease Coordinator (IDC), Health Services Administrator (HSA) and the Clinical Director (CD). The employee or inmate should report to HSU **immediately** after an exposure incident. After hours, the shift lieutenant will call the Health Service Administrator, and Clinical Director **immediately** after the exposure.

**D.2.b.** The affected area should be emergently cleansed with soap and running water for at least 2 minutes. Mild bleeding should be allowed to continue. Antiseptics, bleach, or other cleansing agents should not be used. Aspiration, forced bleeding, and wound incision are not recommended. Mucous membranes should be rinsed with water for at least 2 minutes. Exposed eyes should be flushed with water or saline for at least 2 minutes.

**D.2.c.** All employees or inmates who incur an exposure incident will be offered post-exposure evaluation and follow-up according to BOP Clinical Practice Guideline, June 2009, Medical Management of Exposures: HIV, HBV, HCV, Human Bites and Sexual Assaults; see attachment 4 and CDC MMWR Dated September 30, 2005/ Vol. 54/ No. RR-9: Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post exposure Prophylaxis; see attachment 5.

**D.2.d.** The employee or inmate will report to the Health Services Department for evaluation and to determine the need for post-exposure prophylaxis treatment.

**D.2.e.** The employee or inmate will receive appropriate counseling concerning: precautions to take during the period after the exposure incident, potential illnesses to be alert for, medication side effects, and to report any related experiences to Health Services or their Primary Care Provider.

**D.2.f.** The Clinical Director, Health Services Administrator, and Infectious Disease Coordinator are designated to assure that this policy is effectively enforced and to maintain the records related to this policy.

**D.2.g.** A staff member or inmate sustaining an injury, or an exposure to bloodborne pathogens will have an Injury Report completed.

**D.2.h.** After duty hours, the Clinical Director will be notified of the exposure incident. The CD will coordinate an evaluation of the exposed individual. Based on the particulars of the exposure incident, the exposed individual may be taken to a contract facility for further evaluation and/or treatment.

**D.2.i.** A packet with the necessary forms and instructions will be maintained in the exposure control binder, which will be maintained in the Health Service Unit conference room. Each provider will be supplied a reference copy. Reference copies and working copies are also provided in the Treatment Room, Urgent Care, [REDACTED].

**D.2.j.** PEP, for HIV, is usually not indicated if the source of the exposure is not HIV infected, unless there is evidence that the source-person had clinical evidence of HIV infection or high risk activity for acquiring HIV.

**D.2.k.** Specific expert consultation regarding post exposure management is available 24 hours a day from the CDC hotline, 888-448-4911.

**D.2.l.** Further information may be seen in P6190.03 pgs. 18-20

**D.3.** Inmate workers who experience an exposure incident are to be cared for in the same manner outlined in BOP Clinical Practice Guideline, Medical Management of Exposures with the exception:

**D.3.a.** *It is prohibited to disclose the infectious status regarding HIV, HCV, and HBV of one inmate to another. Make certain that for each involved inmate, that the “contact names” do NOT get documented on forms that would go into another inmates’ medical record (as inmate’s can request copies of their record), i.e., separate forms for each inmate with only respective persons name on it.*

**D.3.b.** *A log book with inmate exposures will be maintained so that the incident and the parties involved can be tracked.*

**D.4.** Information provided to the healthcare professional:

**D.4.a.** A copy of all documents referenced in paragraph (D).

**D.4.b.** A copy of the Exposure Control Kit, and any parts of the Exposure Control Plan deemed appropriate by the CD or IDC. This will help to describe a person's duties as they relate to the exposure incident.

**D.4.c.** Documentation of the route of exposure and circumstances under which they occurred.

**D.4.d.** Result of the source's blood tests.

**D.4.e.** All medical records relevant to the treatment of the individual including vaccination status.

**D.5. Healthcare Professional's Written Opinion:**

**D.5.a.** The IDC will obtain a copy of the medical providers written opinion and provide a copy to the exposed individual and file a copy in their medical records within 15 days of the incident.

**D.5.b.** The written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis vaccination is indicated for the individual, and if the individual has received such vaccination.

**D.5.c.** The written opinion for post-exposure evaluation and follow-up will be limited to:

1. The individual has been informed of the results of the evaluation.
2. The individual has been told about any medical conditions resulting from exposure to blood or Other Potential Infectious Material which requires further evaluation or treatment.

**D.5.d.** All other findings or diagnoses will remain confidential and will not be included in the written report.

**E. Tuberculosis Control**

**E.1.** All new inmates will have a PPD (purified protein derivative) skin test, unless contraindicated, within 2 calendar days of their arrival at FCI Sandstone. All skin tests are to be given on the volar surface of the left forearm. Contraindications to skin tests are: an allergy to PPD or components, previous documentation of a **positive PPD skin test documented in mm (prior PPD + is not an absolute contradiction), or a severe reaction to the test was noted, as per the P.S. 6190.03.** In addition, inmates will have an annual PPD skin test. If there is a documented history of a positive skin test, chest x-rays will be taken as necessary in accordance with BOP policy.

**E.2.** Skin testing can be performed more frequently in the event of exposure to a suspected active TB case.

**E.3.** Test results are recorded using exact measurement of induration in millimeters. A positive skin test is considered 10 mm or greater, 5 mm or greater if the patient is HIV positive or a close contact of someone with active TB, or a chest x-ray is consistent with old TB.

**E.4.** Discoloration (redness/ erythema) is not to be measured, only induration (swelling/edema).

**E.5.** In the event of a positive skin test the inmate will:

- a. be evaluated immediately for signs and symptoms of active TB
- b. have a chest x-ray taken within **14 calendar days** to screen for TB disease, (unless the inmate has a documented negative chest x-ray subsequent to the positive skin test)
- c. have initial labs ordered: HIV, Hep B/C profile and liver function tests, as a minimum
- d. have a Referral made to the PCP or C.D. The PCP or C.D. will evaluate the inmate's need for treatment in accordance with CDC and the BOP Clinical Practice Guidelines
- e. inmates with a 5 mm reading will have initial labs drawn to determine HIV status, if HIV status is unknown.

**E.6.** Active Tuberculosis

**E.6.a.** If active TB is suspected, the inmate will be immediately transported to a local hospital. If immediate transport is not possible, the inmate will be isolated in the Suicide Watch Room in the Health Services Department. Subsequent transport to a medical facility will be accomplished using the following precautions:

**E.6.a.1.** Escorting staff members will wear a properly fitting High Efficiency Particulate Air respirator (HEPA) or an M95 mask.

**E.6.a.2.** The patient will wear a standard surgical face mask, without a one-way valve.

**E.6.b.** In the hospital appropriate respiratory isolation procedures will be followed until active TB has been ruled out. If further work-up is still suspicious for active TB, a request for referral to a Federal Medical Center will be initiated.

**E.6.c.** Close contact investigation and testing will be done in accordance with CDC guidelines and BOP Policy.

**E.6.d.** Unless contraindicated, all new employees will have PPD testing prior to being assigned to their respective departments. All employees are routinely offered skin testing.

**E.6.e.** All positive results will be referred to the staff member's private physician for further evaluation and treatment.

## **F. Communication of Hazards to Employees**

(See attachment 2, Infectious Disease Management OSHA Regulations (Standards-29 CFR)-1910.1030-Bloodborne Pathogens)

**F.1.** The required label is the Bio-hazard symbol and the legend "BIO-HAZARD" should be fluorescent orange or red-orange with lettering or symbols in a contrasting color.

**F.2.** Labels should be affixed or attached as closely as possible to the containers, so that there is no possibility of loss. Alternatively, labels can be imprinted on the container or bag.

**F.3.** Red bags or red containers may be substituted for labels. Regulated waste that has been decontaminated need not be labeled or placed in red bags. For example, autoclaved waste would not be labeled. Bio-hazard labels are to be placed on containers of regulated waste, e.g., sharps containers.

**F.4.** Laundry contaminated with blood or other potentially infectious materials must also be labeled or color-coded (Yellow Infectious Linen bag).

## **G. Record Keeping**

**G.1.** All records required by the OSHA Bloodborne Pathogens standard 1910.1030 will be maintained in the Health Services Unit by the Health Services Administrator.

**G.2.** The above medical records will be maintained IAW 29 CFR 1910.1020(see attachment 3).

## **H. Sharps Log and Safety Concerns**

(Attachment 1, Infectious Disease Management P.S. 6190.03)

**H.1. SHARPS SAFETY PROGRAM.** Each institution will establish a Sharps Safety Program as a component of the institution ECP. The ECP will define the person or department responsible for the program. The program will consist of the following:

**H.1.a.** The Safety Manager is responsible for establishing and maintaining a Sharps Injury Log for the recording of percutaneous injuries from contaminated sharps. All sharps injuries must be reported to the Safety Manager.

**H.1.b.** The Infection Control Officer in conjunction with the Safety Manager will ensure that sharp injuries are tracked on an ongoing basis to include information that will identify high risk areas and assist in the selection and review of safety devices.

**H.1.c.** Evaluation of injuries and medical devices will be documented and reported to Infection Control, Safety, and Quality Improvement Program committees.

**H.1.d.** The annual review and update of the ECP will reflect the process for documentation of the evaluation and implementation of appropriate commercially available and effective safer medical devices. The annual review and update of the ECP will reflect the process for solicitation of input from non-managerial employees responsible for direct patient care. This will include employees who have the potential for exposure injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and documentation of this solicitation in the ECP.

**H.1.e.** The Sharps Safety Program will account for the actions necessary to reduce exposure to bloodborne pathogens by incorporating technologic innovations.

Reviewed: November 1, 2018



US Department of Justice  
Federal Prison System

Number: HSU 6000  
Date: November 25, 2015  
Subject: POISONING

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

**HEALTH SERVICES UNIT  
PROCEDURE STATEMENT  
POISONING**

- SUBJECT: Treatment of suspected poisoning.
- PURPOSE: Establish policy for the expeditious treatment of poisoning cases.
- OBJECTIVE: Obtain timely treatment or information of suspected poisoning cases.
- PROCEDURE:
1. Call the **POISON CONTROL CENTER** and follow their instructions. POISON HELP (a state wide poison control system.)  
[WWW.MNpoison.org](http://WWW.MNpoison.org)
  2. Medical personal will keep the Operations LT informed on a real time basis.
  3. **DO NOT CALL** any hospital emergency room unless told to do so by the Poison Control Center.
  4. Transport inmate as the situation dictated, ambulance may not be required.

Reviewed: November 1, 2018

US Department of Justice  
Federal Prison System

Number: HSU 6000  
Date: November 25, 2015  
Subject: Cardio Pulmonary  
Resuscitation

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

## **HEALTH SERVICES UNIT PROCEDURE STATEMENT CPR/AED**

Purpose: To establish guidelines and procedures for performing Cardio Pulmonary Resuscitation (CPR).

Procedure: All BOP staff are trained annually to perform CPR and proper use of an automated external defibrillator (AED). They are required by BOP Policy to perform CPR on inmates if situation dictates.

Health Services Medical Providers are required to be certified as CPR Healthcare providers and will direct and instruct staff performing CPR on the roles of all staff involved. Health Services staff will be trained every two years.

All staff have been issued CPR protective barriers to enhance personal safety.

Revised: March 23, 2016; Added (AED). Reviewed November 1, 2018

US Department of Justice  
Federal Prison System

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

Number: HSU 6000  
Date: November 25, 2015  
Subject: Sick Call

**HEALTH SERVICES UNIT  
PROCEDURE STATEMENT  
SICK CALL**

**PURPOSE:** To establish procedures for obtaining non-emergent medical care.

**PROCEDURE:**

1. Sick call sign up is conducted from 6:15 a.m. to 6:45 a.m., Monday through Friday.
2. Inmates desiring a sick call appointment are to fill out a sick call request form and present it along with their ID card to the Health Services staff member working in the medication room.
3. The Health Services Unit (HSU) staff member will confirm the identity of the inmate and review the sick call request form.
4. The HSU staff member will then refer to the triage guidelines and either request that the inmate stay for evaluation or advise the inmate to watch the call outs.
5. Inmates in triage category II and above will have their sick call request forms forwarded to their Personal Care Provider (PCP) who will review and then assign an appointment.
6. Dental sick call requests are forwarded to the dentist/dental hygienist for review. Staff receiving the dental sick call requests will make note as to whether any facial swelling was obvious.
7. Inmate requesting an urgent sick call visit after the sick call sign up is completed must ask their unit officer or work supervisor to call Health Services requesting an evaluation. The HSU staff member will then direct the custody staff to either send the inmate to Health Services or refer the inmate to the sick call process.

The following are recommendations and guidelines to consider when assigning sick-call appointments. The list is not exhaustive and the clinical staff may request that the inmate come to Health Services for evaluation as needed to determine an appropriate appointment date and time.

#### EMEGENCIES ARE TO BE EVALUATED IMMEDIATELY!

Examples of emergencies:

- Chest pain/distress in known cardiac patient, or patient with other major risk factor, i.e. diabetes, hypertension, etc.
- Respiratory distress.
- Acute injury: lacerations, burns, possible fractures, sprains, acute abdominal pain, seizure, hives, urticarial.

#### Category I:

(Recommend appointment same or following day)

1. Sports injuries from the previous day.
2. Acute pain (non-emergency) Example: each ache back ache (injury related).
3. Complaints of rectal bleeding, acute onset.
4. Non-acute abdominal pain (acute abdominal pain should be evaluated as an emergency).
5. Insulin dependent diabetics complaining of foot ulcer or infection or foot pain.
6. Headache (severe)
7. Joint swelling (acute)

#### Category II:

(Recommend appointment within 3-4 days)

1. Chronic pain, arthritic pain, low back pain (not associated with an acute injury)
2. Cold symptoms
3. Body rashes (not acute hives)
4. Ingrown toenail
5. Hemorrhoid pain or bleeding
6. Rx refills (chronic care patients [only] can be given enough medication by the pharmacist to last until the sick call appointment).
7. Constipation
8. Seasonal allergies

Triage Sheet  
(Page 2)

Category III:

(Recommend appointment within 5-7 days)

1. Athlete's foot
2. Chronic back pain
3. Chronic skin conditions, psoriasis, dermatitis, eczema, folliculitis
4. Scalp conditions
5. Jock itch
6. Indigestion
7. Acne
8. Suspected wool allergy

**Note: Inmates will be referred to the commissary when requests are submitted for over the counter medications.**

All medical issues, i.e., lower bunk, special boots, extra pillows, etc., will be handled by the Medical Duty Status Committee.

Reviewed: November 1, 2018

US Department of Justice  
Federal Prison System

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

Number: HSU 6000  
Date: November 25, 2015  
Subject: Medical Duty Status

**HEALTH SERVICES UNIT  
PROCEDURE STATEMENT  
Medical Duty Status**

**PURPOSE:** The Medical Duty Status Committee (MDS) was formed to ensure a fair and systematic process for reviewing requests for medical equipment, boots, and medically related bed/housing issues at FCI Sandstone. This process will remove the provider from direct confrontation with an inmate when determining long term medical duty restrictions. The committee is composed of a registered nurse, MLP, HSA and one staff member from recreation when applicable.

**OBJECTIVES:** 1. The MDS Committee will address requests for long term (more than 30 days) duty restrictions as listed in Sentry and found in BEMR.

- A. Low Bunks
- B. Special Boots
- C. No Prolonged Standing
- D. Weight and Sports Restrictions
- E. Housing Unit Assignments
- F. Work Area Restrictions
- G. Medical Devices or Equipment: such as canes, braces, etc.

There may be other requests as determined by the provider.

**ORGANIZATION:** The committee will generally meet every two weeks and reviews requests submitted by health care providers. After review of the inmate's medical record and discussion by the committee, a decision is made and documented in the electronic medical record, along with an expiration date for any requests granted. For requests that are approved, a medical duty status form is completed and a copy is sent to the inmate. The inmate should keep a copy of the form for documentation and or any special housing needs which have been approved/authorized. If the request has been denied the inmate will received notification of that as well.

**PROCEDURE:** 1. A Request form must be completed and submitted by a staff member for any items for inmates using the form.

2. Place in the MDS Committee folder in Medical Records.
3. Renewals will be the responsibility of the inmate with a request submitted through sick-call.
4. New arrivals to FCI Sandstone will be reviewed and if applicable referred to the medical duty status committee.
5. Cop-outs from inmates to their medical provider may be referred to the MDS Committee.

Individual health care providers will no longer be able to issue a medical idle for equipment, lower bunks, medical duty restrictions for more than 30 days, or special boots without the approval of the MDS Committee. Providers must submit a completed request form to the MDS Committee. Providers may issue emergent/urgent restrictions; low bunks etc. but are limited to no more than 30 days.

Reviewed: November 1, 2018



US Department of Justice  
Federal Prison System

Number: HSU 6000  
Date: November 25, 2015  
Subject: Treatment of  
Inmates in Special Housing  
Units

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

**HEALTH SERVICES UNIT  
PROCEDURE STATEMENT  
Treatment of Inmates in Special Housing Units**

**SUBJECT:** To provide guidance on the process of providing care to inmates housed in Special Housing Units (SHU).

**PROCEDURE:**

1. For inmates that do not have access to the Health Services Unit, due to being confined to SHU, medical staff will visit the inmates at least daily.
2. Staff will sign in the entry log book upon entering the SHU, and record their time of entry. Daily rounds and inmate encounters for medications will be documented on the electronic SHU record.
3. Sick call slips for both medical and dental will be made readily available to the inmates housed in SHU. These slips will be placed in the door by the inmate for medical staff to pick up no later than 6:45 a.m. The sick call slips are to go to the Mid-Level-Practitioner (MLP) in charge of SHU for triage. If the medical staff determines that the inmate needs to be seen, the inmate will be removed from the cell and escorted to the medical room in SHU.
4. Initial dental triage will also be performed by the MLP and the dental sick call request will be forwarded to the dentist.
5. Patient confidentiality should be maintained, thus eliminating the triage process on the range. All communication should be conducted either through sick call slip, or through direct patient contact.
6. Inmates that have a special need that cannot be addressed in the SHU, will be escorted to Health Services on a day that is suitable for Health Services and Correctional Services. Minor surgery, x-rays, or Optometry services are examples of care that will need to be rendered in the Health Services Unit (HSU).

7. The operations lieutenant will be notified if there is an emergency requiring a SHU inmate to be moved to the HSU.
8. The MLP assigned to SHU will also be responsible for those inmates enrolled in a chronic care clinic.
9. SHU inmates requiring or requesting to purchase over the counter medications will be approved by the on duty medical staff. The SHU officer will contact medical. If the request is approved, the SHU officer will then contact commissary for delivery.

Reviewed: November 1, 2018

US Department of Justice  
Federal Prison System

Number: HSU 6031.04  
Date: November 25, 2015  
Subject: Intake Screening

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

**HEALTH SERVICES UNIT  
PROCEDURE STATEMENT  
Intake Screening**

**PURPOSE:** Bureau of Prisons staff screen all newly arrived inmates to ensure health, safety, and security standards are met.

When an inmate is received, as a new commitment, in transfer from another institution, as a return from writ, or as a holdover, it is possible that our information regarding that inmate is inaccurate, incomplete, or unavailable during the pre-arrival screening process. Therefore, before placing that inmate in the institution's general population, staff shall ensure that health, safety, and security standards delineated in this Procedure are met. "Social" and medical screening interviews are required to meet these standards.

**PROCEDURE:**

Staff shall inspect and interview each inmate prior to placement in general population. If this is not possible, inmates are to be kept in detention, until completion of the medical interview.

1. Immediately upon an inmate's arrival, staff shall interview the inmate to determine if there are non-medical reasons for housing the inmate away from the general population. Staff shall evaluate both the general physical appearance and emotional condition of the inmate.

The social interview is to be conducted in private (no other inmates in area) by Unit Counselor, Case Manager, or other staff designated by the Warden who have been trained intake screening. The interviewer conducting the social interview must have successfully completed the CIM Certification Program prior to conducting the interview. The interviewer shall also review SENTRY information and the inmate's central file or pre-sentence report, if available, and make a decision whether the inmate is suitable for placement in general population.

2. Upon an inmate's arrival, medical staff shall medically screen the inmate in

compliance with Bureau of Prisons medical procedures to determine if there are medical reasons for housing the inmate away from the general population, restricting temporary work assignments, bunk assignments or special accommodations. Specific questions are asked to rule out signs and symptoms of tuberculosis.

3. Medical intake screening is documented in BEMR.
4. PPD's will be applied as indicated within 48 hours of arrival. HIV testing and vaccinations are offered.
5. Medical reconciliation is conducted for inmates arriving with medications.

ADDENDUM:

For inmate's admission after hours when there is no medical staff coverage: The inmate will be placed in special housing unit and will be intake screened, by a medical provider the following day.

Reviewed: November 25, 2015. Revised November 27, 2017. Reviewed November 1, 2018

US Department of Justice  
Federal Prison System

Number: HSU 6000  
Date: November 25, 2015  
Subject: Individual Treatment  
Plans

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

## **HEALTH SERVICES UNIT PROCEDURE STATEMENT**

### **Individual Treatment Plans**

**SUBJECT:** To provide guidance on individual treatment plans and incorporate into  
SOAPE note.

**PROCEDURE:**

1. The written treatment plan format is incorporated into the clinical encounter note in BEMR.
2. Encounters when started in the electronic medical records system include Subjective, Objective, Assessment, Plan and Education.
3. All Chronic Care notes are to be completed in a SOAPE format.

Reviewed: November 1, 2018

US Department of Justice  
Federal Prison System

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

Number: HSU 6000  
Date: November 25, 2015  
Subject: Autopsies

**HEALTH SERVICES UNIT  
PROCEDURE STATEMENT  
AUTOPSIES**

**SUBJECT:** Autopsies for inmates.

**PURPOSE:** To establish procedures for obtaining an autopsy in the event of an inmate death.

**OBJECTIVE:** To acquire an autopsy that adheres to local and state rules, statutes and requirements with the upmost degree of respect to the deceased and his family.

**PROCEDURE:** The provisions of I.S. SST-6031.04C Inmate Serious illness, Emergency Care, Death, and Advanced Directives May 8, 2018. will be followed in all cases.

Reviewed: November 1, 2018

US Department of Justice  
Federal Prison System

Number: HSU 6000

Date: November 25, 2015

Subject: Staff Roles and  
Responsibilities

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

**HEALTH SERVICES UNIT  
PROCEDURE STATEMENT  
STAFF ROLES AND RESPONSIBILITIES**

**PURPOSE:** To ensure that there is consistency and quality in the medical care delivered at FCI Sandstone.

**PROCEDURE:**

1. The Primary Care Provider Teams (PCPT) are comprised of the Health Services Administrator (HSA), Clinical Director (CD), the Mid-Level Provider's (MLP's), the Registered Nurses (RN's), Medication Technician, Emergency Medical Technician (EMT), and the medical records staff.
2. Inmates are assigned to their Primary Care Provider (PCP) according to the last two digits of the first 5 digits of the inmate register number. Inmates may not switch providers.
3. The HSA is responsible for the administrative oversight of the PCPT.
4. The CD is responsible for the clinical oversight of the PCPT.
5. The MLP's are responsible for the care they render to the inmates assigned to them.
6. The RN's support the MLP's by doing EKG's, blood pressure checks, patient education, completing injury reports, conducting pill line, etc.
7. The EMT/RN's are responsible for drawing blood, taking x-rays and also giving clinical support to the MLP's.
8. Prescriptions are filled via the Central Processing Service and RN's.
9. The medical records staff support the MLP's by obtaining necessary consultant reports, scanning documents into BEMR and other supporting duties.

Reviewed: November 1, 2018

US Department of Justice  
Federal Prison System

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

Number: HSU 6000

Date: November 25, 2015

Subject: Chronic Care Clinics

**HEALTH SERVICES UNIT  
PROCEDURE STATEMENT  
CHRONIC CARE CLINICS**

**PURPOSE:** To ensure that inmates are identified with chronic medical problems and that they receive an initial evaluation by a physician, and are re-evaluated regularly.

**PROCEDURE:**

1. The Health Services Administrator will:
  - A. Retain ultimate administrative responsibility for all Chronic Care Clinics.
  - B. Ensure that we identify and follow up on all inmates with chronic medical problems as often as necessary and appropriate.
  - C. Ensure that we establish a system for tracking chronic care clinics and we properly maintain it.
2. The Clinical Director will:
  - A. Retain professional responsibility for all chronic care clinics.
  - B. Ensure that each inmate with a chronic medical problem and/or requiring ongoing medications is examined and evaluated by a Physician at least once every twelve (12) months.
  - C. Ensure that all practitioners properly document chronic care clinic visits in the electronic medical record (BEMR).
3. The Institution Physician will:
  - A. The CD or staff physician can add or delete an inmate from a chronic care clinic.
  - B. Examine an inmate assigned to a chronic care clinic as often as clinically indicated or at a minimum annually. ALL new arrivals with a chronic care designation will be examined within 14 days.
  - C. Chronic care evaluations will be performed via a clinical encounter in BEMR.



4. The MLP primary care provider will:
  - A. Examine all newly arrived chronic care inmates within 14 days of arrival (in the absence of a physician).
  - B. Refer via BEMR co-signature request any inmates that should be added or either deleted from a chronic care clinic.
  - C. In the absence of a physician examine an inmate assigned to a chronic care clinic as often as clinically indicated or at a minimum annually.

Reviewed: November 1, 2018

US Department of Justice  
Federal Prison System

Number: HSU 6031.01  
Date: November 25, 2015  
Subject: Accident Reporting

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

**HEALTH SERVICES UNIT  
PROCEDURE STATEMENT  
Accident Reporting**

**PURPOSE:** To provide guidance on the process of accurately recording accidents and injuries.

**PROCEDURE:**

1. An injury assessment should be completed and documented in BEMR/Clinical Encounter/injury on day inmate injured. This includes minor injuries, work related or intentional, sports injuries, assaults, etc.
2. Documentation of all medical care rendered should be recorded. This would include suturing, casting, etc. This should be written in a context that a Lieutenant (non-medical person) can clearly understand. A copy of this form will be forwarded to the Lieutenant to complete his reporting packet if the inmate was involved in some form of altercation.
3. All injury assessments completed in BEMR must be sent to MD for co-signature.
4. A copy of the injury report should be forwarded to Safety.

Reviewed: November 1, 2018

US Department of Justice  
Federal Prison System

Number: HSU 6000  
Date: November 25, 2015  
Subject: EKG

Federal Correctional Institute, Sandstone  
Sandstone, MN55072

## **HEALTH SERVICES UNIT PROCEDURE STATEMENT EKG**

Purpose: To establish guidelines and procedures for the reporting of Electrocardio-grams (EKG).

Procedure: If it has been determined that an inmate needs to have an EKG then the following guidelines should be followed.

1. Registered Nurse or EMT can perform an EKG but must have it signed off by the Mid-level Practitioner and or the Physician who requested it.
2. The Mid-level Practitioner can perform an EKG and must have it signed off by the Physician if it is abnormal.
3. EKG errors should not be destroyed. They should be noted as having an error, signed and filed in the inmate's health record.
4. All abnormal EKG's must be immediately brought to the attention of the on call provider for determination of further treatment.

Revised: November 25, 2015. Revised November 27, 2017, Reviewed November 1, 2018

US Department of Justice  
Federal Prison System

Number: HSU 6000  
Date: November 25, 2015  
Subject: Physical  
Examinations

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

**HEALTH SERVICES UNIT  
PROCEDURE STATEMENT  
Physical Examinations**

**SUBJECT:** To provide guidelines and procedures to address physical exams for the inmate population.

**PROCEDURE:** It is the policy of Health Services Unit to provide physical exams for those inmates that meet the following requirements:

1. Health Services will schedule a physical exam when the inmate has requested one via sick call or request to staff member. The inmates are advised of this opportunity during the Admission and Orientation lecture.
2. Intra-System transfers do not need a second complete initial physical examination as long as one has been completed for this particular period of confinement. New medical complaints will be referred to the sick call process.
3. Inmates who self-surrender and who are showing signs of acute drug/alcohol intoxication or withdrawal symptoms will be managed in accordance with the institution's local procedures for detoxification of chemically dependent inmates. The Clinical Director and the PCP will be notified.
4. For inmates who have not previously had a physical examination in BOP custody. An initial complete physical examination to determine medical needs will be completed and documented in BEMR within 14 days of admission. Inmates will be made aware sick call procedures, pill line procedures, and preventative health program. Exam will be documented in BEMR and lab tests will be ordered as clinically indicated.
5. Inmates that have been out of BOP custody (write, furlough, halfway house failure) for more than 30 days will be required to undergo the entire process if they were an initial exam.
6. Food Service Clearance: The observations made by health services staff during intake

screening is sufficient to clear an intra-system transfer inmate for food service work as long as there is at least one completed physical for this period of confinement.

**Inmates with HIV, HBV, or HCV infection or latent TB are not precluded from working in Food Service based on this status alone.**

Reviewed: November 1, 2018

US Department of Justice  
Federal Prison System

Number: HSU 6000  
Date: November 25, 2015  
Subject: Eyeglasses

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

**HEALTH SERVICES UNIT  
PROCEDURE STATEMENT  
EYEGLASSES**

**PURPOSE:** To establish policy and procedures regarding eyeglasses.

**PROCEDURE:** When an inmate desires to get eyeglasses the “Ophthalmology Guidance” dated February 2008 will be used.

1. Inmate will make sick call.
2. Inmate will be placed on call out for a vision screening.
3. Inmate will have a Snelling and a near distance vision screening.
4. Results of vision screening will be forwarded to the inmates Primary Care Provider for an Optometry Consult, if needed.

Reviewed: November 1, 2018

US Department of Justice  
Federal Prison System

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

Number: HSU 6000  
Date: November 25, 2015  
Subject: Elective Surgery

**HEALTH SERVICES UNIT  
PROCEDURE STATEMENT  
ELECTIVE SURGERY**

**PURPOSE:** To provide staff with policy and procedures regarding elective surgery.

**PROCEDURE:**

- A. Referral to off-site Provider (e.g., hospital or surgical center) for Elective Medically Acceptable-Not Always Necessary Procedure.

Medical conditions which are considered elective procedures when treatment may improve the inmate's quality of life. Relevant examples in this category include, but are not limited to:

- Joint replacement;
- Reconstruction of the anterior cruciate ligament of the knee;
- Treatment of non-cancerous skin conditions (e.g., skin tags, lipomas).

These and other similar Medically Acceptable-Not Always Necessary Elective Procedures always require prior review by the Institution Utilization Review Committee and further prior review by the NCRO Medical Consultant. Relevant factors to consider in approving the proposed treatment in this category include, but are not limited to:

- The risk and benefits of the proposed treatment;
- Available resources (including financial resources);
- Natural history of the condition;
- The effect of the intervention on inmate functioning in his activities of daily living.

- B. Referral to an In-House Provider for a Medically Acceptable-Not Always Necessary Procedure

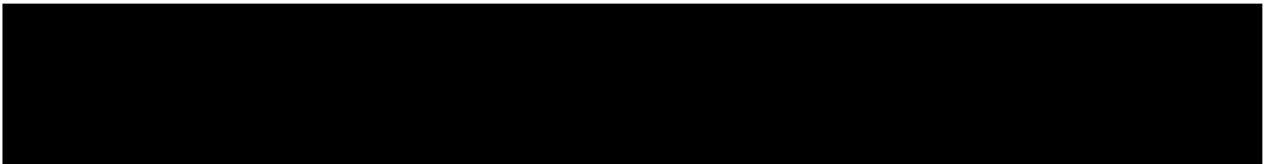
1. In-House elective surgical procedures, e.g., removal of an ingrown toenail, can be performed by an MLP, who is qualified to perform the procedure per MLP Practice Agreement, and with the prior consent of the Clinical Director and inmate/patient, or by a properly credentialed physician. It is desirable but not required that a staff member assist the clinician performing the procedure.

C. Consent for In-House Procedure: The inmate/patient will have the procedure explained to him, to include the following:

- Diagnosis
- Procedure to be performed
- Name and title of supervising clinician
- Name and title of assisting clinician, if available
- Possible complications, including reaction local anesthetic

Prior to the procedure being performed the inmate will be required to sign the Standard Form 522, Request for Administration of Anesthesia and for Performance of Operations and other Procedures, or the BEMR equivalent form when available. Once the BEMR consent form is available, that on-line format will be used in lieu of completing a written SF 522.

D. Pathology Specimen from In-House Surgical Procedure: All tissues removed must be logged in the histology log book located in the laboratory. The excised tissue will be placed in a formalin container located in the laboratory. The container will be labeled appropriately, to include name, register number, and source of specimen, to identify the patient.



E. Post-Operative Management: The patient/inmate will be provided post-operative education regarding the following:

- Recognizing possible infection
- Pain control
- Wound management
- Post-operative follow-up care

The inmate's follow-up visit will be scheduled via BEMR, if available. He will also be placed on call-out for the appointment time.

Reviewed: November 1, 2018



US Department of Justice  
Federal Prison System

Number: HSU 6000  
Date: November 25, 2015  
Subject: Physical Therapy  
and Wellness

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

**HEALTH SERVICES UNIT  
PROCEDURE STATEMENT  
Physical Therapy and Wellness**

**PURPOSE:** To provide guidelines in with those inmates that need Physical Therapy or a Wellness program.

**PROCEDURE:**

1. For those inmates that have been prescribed physical therapy by orders of a physician in the local community, instructions will be given to the inmate. These orders will be considered a home exercise program and will be the responsibility of the inmate to perform them as outlined. If special equipment is indicated such as bands or minor therapy devices Health Services will purchase them. These devices will be issued on a short term basis and will require a pass to authorize the inmate to keep the device with a documented expiration date.
2. FCI Sandstone's Health Services and Recreation have made a concerted effort to enroll those inmates needing special help and who are motivated to improve their health into a wellness program. These inmates will participate in exercise programs that are both structured and self-initiated. Recreation staff will determine the amount of exercise and develop a program fit to the inmate's physical limitations.
3. For those inmates enrolled in the wellness program, nutritional counseling will be included by Recreational staff. Nutritional counseling will be appropriate to the inmate's agenda whether it regards, weight reduction, low fat, or low salt to name a few examples.

Reviewed: November 1, 2018

US Department of Justice  
Federal Prison System

Number: HSU 6000  
Date: November 25, 2015  
Subject: Over the Counter  
Medication

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

## **HEALTH SERVICES UNIT PROCEDURE STATEMENT Over the Counter Medication**

**SUBJECT:** To provide guidelines and procedures to address over the counter medication access for the inmate population.

**PROCEDURE:** The Health Services Unit in conjunction with Commissary/Trust Fund, will offer over the counter medications to the inmate population in accordance with BOP policy.

1. The commissary will stock at least 25 OTC items as referenced in the Trust Fund/Deposit manual. A list of all the OTC medications/items sold in the commissary will be distributed to all health care providers.
2. Inmates are allowed to go to commissary for OTC items even when it is not their commissary day. Inmates are encouraged to have items on hand in property for needs that may arise when commissary is not open. This information is shared at A & O.
3. During triage/sick call, medical staff will refer inmates to the commissary Monday - Friday in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments. SHU are afforded the same process. The SHU officer will be notified, by medical, and contact commissary to obtain OTCs. [REDACTED]
4. Inmates will purchase OTC items from commissary with their personal funds; however inmates will be given medically necessary OTC items from the medication room stock if they are determined to be indigent.
5. Inmates without funds who meet the indigent criteria as described by program statement as follows:
  - A. Monday - Friday during sick call (6:15-6:45am) the inmate needs to fill out an OTC request form. The inmate will select no more than two items on the list. The form will need to be turned in to staff that is working that morning.
  - B. When the Med Tech receives a request for OTC medications they will verify if that inmate is indigent by reviewing BEMR.
  - C. The inmate will have to come back the same day at 11:30 to see if he qualifies for the indigent program and pick up medications if applicable.

Reviewed: Nov. 25, 2015. Revised November 27, 2017. Reviewed November 1, 2018

US Department of Justice  
Federal Prison System

Number: HSU 6000  
Date: November 25, 2015  
Subject: Medical and Dental  
Adaptive Devices

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

**HEALTH SERVICES UNIT  
PROCEDURE STATEMENT  
MEDICAL AND DENTAL ADAPTIVE DEVICES**

**PURPOSE:** To provide guidelines and referral procedures for medical and dental adaptive devices.

**PROCEDURE:**

1. Footwear: The issuance of properly fitting shoes, such as work boots, is the responsibility of Inmate Services. If an inmate presents himself to Health Services with a foot issue, such as wrong size, to include length or width, he is to be referred to Inmate Services. Health Services will not issue boots or a “special shoe” unless there are clear medical reasons that cannot be addressed in a work boot that is either available or can be available at Inmate Services.
2. Correction and Treatment of Minor Foot Problems: Inmates may request a medical evaluation, via a sick call request, for evaluation and treatment of foot related complaints. Normal variations of the foot may be addressed by directing the inmate to purchase an over-the-counter (OTC) orthotic that may be available at the Commissary. If a medically justified orthotic is needed and is not available through the Commissary, such a device can be issued to the inmate by Health Services personnel. When it is clinically indicated that an inmate may require special orthopedic footwear, that inmate will be referred to the Clinical Director for his or her review. Indications for medically prescribed footwear may include the following conditions:
  - A. Foot ulcers: diabetic or stasis
  - B. Diagnosed neuropathic foot
  - C. Severe foot deformity

Tennis shoes, sneakers, or footwear of a type that is normally available from the Commissary is not considered medical items. Health Service clinicians should keep in mind that so-called “soft shoes” are sneakers

which are normally available at the Commissary. Also, sneakers are not an issue item, and are not required footwear at any work assignment. Such shoes must be purchased from the Commissary. Health Services personnel will not sign an Outside Package Request for such items without approval of the HSA and AW.

3. Special Care Items: Inmate requests for any special clothing item is to be referred to the Clinical Director for his or her review and approval. Note that extra blankets, extra or different outerwear or long underwear because of lack of desired heat are not medical items, such requests are to be referred to the respective unit counselor. Issues regarding wool “itching” are not something that is normally a medical issue. A wool allergy is very rare and must be medically validated before Health Services personnel will approach unit management with the issue. Blankets of any kind are not considered a medical supply item.
4. Canes, Walkers, Wheelchairs, Crutches, and other mobility devices: assist devices will only be issued if medically indicated and are part of a long or short term treatment plan. Once no longer needed as evidenced by a chart entry, items will be taken back from an inmate. Adaptive devices will be transported with inmates during a transfer. This policy includes wheelchairs and other expensive medical adaptive devices. Note: inmates who have long term need for assist devices have to be closely monitored for any change in their Care Level.
5. Dental Appliances: The fabrication of dental devices, which includes complete and partial dentures, is considered non-emergency care and will be provided inmates as resources of staff, time and materials are available, and is commensurate with the inmate’s ability to maintain good oral health. Removable partial dentures (RPD) may be provided at the dental officer’s discretion, and will not be undertaken if the inmate has less than one year remaining on his sentence. Care will be prioritized for inmates with a documented medical condition that contributes to malabsorption or malnourishment at the discretion of the dentist.
6. Eyeglasses and Contact Lenses: Prescription eyewear will be issued to inmates with a current (two years or less) optometrist prescription. Inmates without a current prescription and requesting an eye examination will be first screened by Health Services personnel. Depending upon the results of that screening, the inmate may or may not be referred on to an optometrist. Once an inmate has arrived at FCI Sandstone, replacement glasses or frames may not be sent from a non-BOP outside source, such as home, to an inmate. However, a newly arrived inmate will not have his outside glasses confiscated upon initial assignment. Contact lenses will only be provided if there is a clear medical indication, and as

recommended by the optometrist.

7. Hearing Aids and Other Prosthetic Devices: Hearing aids and other prosthetic devices, to include but not limited to eye prosthesis, “eye patches,” a “scleral shell,” and artificial limbs, will be provided when the health of the inmate would be otherwise adversely affected, as determined by the Clinical Director, the Utilization Review Committee, and when approved by the NCRO Regional Clinic Consultant. Referral of any inmate for specialist evaluation regarding a prosthetic device will be at the discretion of the Clinical Director. Note: when an inmate is designated Care Level 2, Health Services staff will notify the Unit Team of that fact.

Reviewed: November 1, 2018

US Department of Justice  
Federal Prison System

Number: HSU 6000  
Date: November 25, 2015  
Subject: Detoxification

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

## **HEALTH SERVICES UNIT PROCEDURE STATEMENT DETOXIFICATION POLICY & PROCEDURE**

**PURPOSE:** To provide guidelines and procedures for the detoxification and clinical management of chemically dependent/addicted inmates in a safe and humane manner.

**INTRODUCTION:** Detoxification can be safely and effectively accomplished while an inmate is in a variety of housing placements including locked jail units, general population, observation cells in the health services unit (if medically an outpatient), in a Special Housing Unit (SHU), or when necessary as an inpatient in a community hospital or Medical Referral Center. The specific housing placement should be determined on a case by case basis in accordance with Bureau of Prisons (BOP) policy and through the multi-disciplinary recommendations of health care, psychology, and custody staff. The optimal placement will depend on the type of substance abuse, the severity of the withdrawal syndrome, the inmate's co-morbid medical and psychiatric conditions, security concerns, and the resources of the institution.

If an inmate is placed in a locked unit or SHU for detoxification the timely provision of medications, the necessary medical assessments, and ongoing monitoring must be provided. If detoxification in a locked unit or SHU cannot be accomplished with these assurances, strong consideration should be given to one of two options: inpatient detoxification; or medical stabilization and maintenance with postponement of attempts at detoxification.

**PROCEDURE:** The decision as to whether detoxification is necessary is made after an assessment has determined the need. A separate decision as to where the detoxification will occur will be made after consultation with Psychology, the CAPT, Correctional Services, and after a thorough review of the Clinical Practice Guideline: Detoxification of Chemically Dependent Inmates. Note: Since there is no 24-hour medical observation capability at FCI Sandstone, that fact must be considered when making a placement

decision regarding individual inmates. The use of outside hospital utilization will be considered.

Reviewed: November 25, 2015. Revised November 27, 2017, Revised November 1, 2018



US Department of Justice  
Federal Prison System

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

Number: HSU 6000

Date: November 25, 2015

Subject: X-Ray

**HEALTH SERVICES UNIT  
PROCEDURE STATEMENT  
X-Ray**

**PURPOSE:** It is the purpose of the X-Ray Department to assist in the diagnosis of disease processed and bony injuries through the use of x-rays.

**OBJECTIVES:**

1. To provide an examination of high quality for diagnostic purposes.
2. To provide a safe, comfortable, clean and courteous environment for the patient.
3. To provide a record of examination results to the referring physician or provider.
4. To efficiently merge our services with the routines of other hospital s staff.
5. To monitor all radiation sources for the purpose of keeping those levels to a minimum to protect patient and staff.

**ORGANIZATION:**

1. The Clinical Director and the consulting radiology group are designators of the X-Ray Department.
2. The X-Ray Technician has the responsibility for the education of Health Services staff in radiation protection, positioning for exams and proper x-ray techniques.
3. The Dentist is designated as the Director of Dental x-rays services and assumes responsibility for dental x-ray policy.

**HOURS**



1. The call out system is used to schedule inmates for x-rays according to the work hours of the x-ray technician. The x-ray technician may also be available for after-hours emergencies.
2. X-Ray procedures “required” outside the available hours of the x-ray technician shall be performed at the local hospital.

#### X-RAY DEPARTMENT SAFETY

##### 1. Regulations for Personnel

- A. All personnel who enter the x-ray room for the purpose of exposing x-rays shall wear x-ray film badges. Badges are issued quarterly and the previous badges are sent to the Bureau of Prisons (BOP) contracted company for reading.
- B. Standard radiation safety procedures will be followed at all times.
- C. Lead aprons will be worn by any staff assisting in positioning of an inmate for x-rays.
- D. Lead gloves will be worn when the hands of the assisting staff member are located in such a way to be in direct beam of the x-ray.
- E. Disaster plans: Institution contingency plans will be followed as appropriate.

#### PATIENT SAFETY

- A. Positive patient identification will be made before an examination is performed.
- B. All precautions will be taken to see that patients do not fall or become injured while in the x-ray room. Patients will not be left unattended.
- C. All x-ray collimations are controlled by the digital x-ray machine.
- D. Gonad shielding will be utilized.

#### EQUIPMENT

- A. The x-ray equipment shall be calibrated on an annual basis or as deemed necessary. The record of calibration shall be filed in the Health Services Administrator's Office.
- B. A radiation physicist monitors and evaluates the radiology equipment biannually and submits a written report to the Health Services Administrator (HSA).
- C. Before each use, the equipment is checked for hazards.
- D. Inspection of all lead gloves, aprons, and gonadal shields are conducted biannually.

#### SILVER RECOVERY

FCI Sandstone is now equipped with digital x-ray. Archived X-Ray films may be on file pending statutory retention.

- 1. X-ray processor: All films are currently CR. Meaning there is no chemical processor used. All images are computerized.
- 2. X-ray films: The outdated (dead) x-ray films will be stored in the Health Services Unit until a sufficient quantity accumulates then sent to the Department of Defense for proper disposal.

#### PROCEDURE:

- 1. X-Rays are ordered via BEMR with the desired exam and number of views.
- 2. Appointments for x-rays are done through the call out system.
- 3. Digital x-ray images are sent to the contract facility electronically for interpretation.
- 4. Primary Care Providers may view the digital images at their computer desk tops.
- 5. Standard positioning is used for all x-rays.
- 6. Patient privacy and confidentiality will be maintained at all times and standard privacy draping if indicated.

Reviewed: November 1, 2018

US Department of Justice  
Federal Prison System

Number: HSU 6000  
Date: June 5, 2014  
Subject: Sexual Assault  
Medical Intervention

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

**HEALTH SERVICES UNIT  
PROCEDURE STATEMENT  
SEXUAL ASSAULT MEDICAL INTERVENTION**

- PURPOSE:** To provide guidelines and procedures for the medical intervention for inmate victims of sexual assault.
- REFERENCE:** Sexually Abusive Behavior Prevention and Intervention Program.
- PROCEDURE:**
- A. When a report of an inmate being sexually assaulted, regardless of the time of day or day of week, including holidays and weekends, Health Services staff will attempt to document the inmate's complaint and obvious visual, physical findings on BEMR (see BEMR-Forms) Clinical Encounter-Injury Assessment, or lacking on-line access, the Preliminary Report of Medical Injury form (BP-362). Health Services staff shall immediately notify senior management, or as necessary the IDO after hours, and the Sexual Assault Program Coordinator, regardless of the time of day, regarding this complaint. If the inmate refuses to participate in the assessment, he will be requested to sign a BEMR Medical Treatment Refusal form (BP-S358.060). Note: a patient refusal of treatment alone will not be the sole reason for not transferring an inmate for needed emergency treatment at a local hospital. If the inmate has sustained potentially serious injuries of such a nature as to require treatment regardless of the circumstances, the patient will be transferred for treatment. This transfer will occur even if there is a high probability the inmate could still refuse treatment once he reaches a hospital emergency room.
  - B. In the case where the inmate verbally consents to the injury assessment, the Clinical Director or other clinician will complete the BEMR Clinical Encounter-Injury Assessment form (on-line) and then if the complaint is deemed initially credible the inmate will be transferred to a local hospital for a formal sexual assault examination. When the reported sexual assault occurs in a time frame, such as months or years earlier, the inmate will not routinely be transferred to a local hospital for a sexual assault examination. The Health Services staff member will communicate to the receiving facility physician that the patient is being

referred for a sexual assault evaluation.

Under no circumstances will a Health Services staff member perform a physical examination on the inmate-victim when he is being interviewed for a reported sexual assault-that is the purpose of the formal evaluation at a local hospital by personnel who have specific training in such a procedure. There are no exceptions to this policy.

C. Once the BEMR Medical Encounter Preliminary Report of Medical Injury form (BP-362) has been completed a copy will be provided the Program Coordinator, and to the Associate Warden or Warden as appropriate.

D. When the inmate returns from a formal Sexual Assault evaluation at the local hospital, the Health Services staff member will report the results to the Operations Lieutenant, the IDO if after hours-weekends-holidays, the AW, or Warden as appropriate. In addition, the Clinical Director will insure the following:

- Review whether or not the documentation received from the off-site medical provider includes that any needed testing for sexually transmitted diseases, and also required counseling, did occur. If no documentation exists, the Clinical Director, or on-call physician, will call the hospital emergency room and request whether this testing was done.
- That prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, as appropriate.
- That once the inmate returns from the off-site community medical facility that he is immediately referred to the Sexual Assault Program Coordinator and the Chief Psychologist for follow-up.

E. Information concerning the identity of an inmate victim reporting a sexual assault, and the fact of the report itself, shall be limited to those who have a “need to know” in order to make decisions concerning the inmate-victim’s welfare and for law enforcement/investigative purposes. For Health Services staff, questions regarding “need to know” should be directed to the HSA or Clinical Director. If for some reason neither individual is available, the question should be directed to the Sexual Assault Program Coordinator.

Reviewed: November 1, 2018

US Department of Justice  
Federal Prison System

Number: HSU 6000  
Date: March 23, 2015  
Subject: Evacuation &  
Transportation

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

**HEALTH SERVICES UNIT  
PROCEDURE STATEMENT  
EMERGENCY EVACUATION AND TRANSPORTATION**

**PURPOSE:** To provide guidelines and procedures for the evacuation and transportation of an inmate in the event of an emergent medical situation.

**REFERENCE:** Emergency Contingency Plans. In the event of an emergent mass casualty event, refer to the Emergency Contingency Plans for procedures on evacuations, transportation plan, and airlift plan.

**PROCEDURE:** In the event of an inmate emergent medical situation, the following steps will be followed:

1. Call Operations Lt. Notify them of the inmate name, reg. number, medical emergency, what type of transportation (ambulance/van), and what hospital they will be transported to. (Sandstone, Mercy or Duluth) The Lieutenant will notify control.
2. Ambulance: The ambulance crew will be greeted at the R&D entrance and escorted to the acute inmate. Medical trip paperwork may be routed later as to not delay care or evacuation. In the event of a medical emergency between the hours of 4:00 pm and 6:00 am, emergency medical staff will be escorted through the front entrance to the location of the acute inmate.
3. Institution Van: Correctional staff assigned to escort will report to medical and be provided with a situational briefing.
4. Regardless of the transportation type: no inmate is authorized to leave the institution without the appropriate application of restraints, as directed by the Captain.
5. Contact the HSA with the above information once the inmate is stable.
6. Send an email to SST/health staff addressing the inmate, reg. number, situation and hospital to ensure follow-up calls are initiated.

Reviewed: November 1, 2018

US Department of Justice  
Federal Prison System

Number: HSU 6000  
Date: June 5, 2014  
Subject: Utilization Review  
Committee

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

**HEALTH SERVICES UNIT  
PROCEDURE STATEMENT  
Utilization Review Committee**

**PURPOSE:** It is the responsibility of the Utilization Committee to determine the level of care for the medical cases that are presented and to assign a time frame for the completion of any approved procedure.

**PROCEDURE:**

1. Each Health Care Provider that refers a patient to the Utilization Review process will be expected to present the case at the meeting.
2. Members of the Utilization Review Committee.
3. Recommendations:

**The URC must select one or more of the following to address each case presented to it:**

- A. Approve the request without modification.
- B. Refer the inmate for further evaluation to a staff physician.
- C. Refer the inmate for further evaluation to a specialty consultant.
- D. Put the inmate on a waiting list with recommended parameters as to the length of time the procedure may be delayed without increasing the risk of additional morbidity.
- E. Determine that the procedure is contraindicated due to unacceptable risk to the inmate if it is performed.
- F. Deny the request for the procedure.

**LEVEL I – Medically Necessary, Acute or Emergent**  
(does not require URC approval)

Description: Medical conditions that are of an immediate, acute, or emergent nature, which without care would cause rapid deterioration of the inmate's health, significant irreversible loss of function, or may be life-threatening.

**LEVEL II – Medically Necessary – Non-Emergent**

Description: Medical conditions that are not immediately life-threatening but

which without care the inmate could not be maintained without significant risk of:

1. Serious deterioration leading to premature death
2. Significant reduction in the possibility of repair later without present treatment.
3. Significant pain or discomfort which impairs the inmate's participation in activities of daily living.

### **LEVEL III – Medically Acceptable – Not Always Necessary**

Description: Medical conditions which are considered elective procedures, when treatment may improve the inmate's quality of life. Relevant examples in this category include, but are not limited to:

1. Joint replacement.
2. Reconstruction of the anterior cruciate ligament of the knee.
3. Treatment of non-cancerous skin conditions (e.g. skin tags, lipomas).

These therapeutic interventions always require review by the Institution Utilization Review Committee. Relevant factors to consider in approving the proposed treatment in this category include, but are not limited to:

1. The risks and benefits of the treatment.
2. Available resources.
3. Natural history of the condition.
4. The effect of the intervention on inmate functioning in his activities of daily living.

### **LEVEL IV Limited Medical Value**

Description: Medical conditions in which treatment provides little or no medical value, are not likely to provide substantial long term gain, or are expressly for the inmate's convenience. Procedures in the category are usually excluded from the scope of services provided to Bureau inmates. Examples in this category include, but are not limited to:

1. Minor conditions that are self-limiting.
2. Cosmetic procedures.
3. Removal of non-cancerous skin lesions.

Any treatment in this category which a health care provider recommends and the Clinical Director feels is appropriate will require review by the Institution Utilization Review Committee.



US Department of Justice  
Federal Prison System

Number: HSU 6000

Date: June 5, 2014  
Subject: Adaptive  
Medical/Dental Devices

Federal Correctional Institute, Sandstone  
Sandstone, MN 55072

**HEALTH SERVICES UNIT  
PROCEDURE STATEMENT  
Adaptive Medical/Dental Devices**

**PURPOSE:** To provide guidelines in the proper issuance of medical or dental adaptive devices.

**PROCEDURE:**

1. Inmates that have a need for medical devices may have these devices sent from home by means of a package authorization. The device must be approved by the HSA in coordination with the Clinical Director (CD). If the inmate does not have the specific device at home, Health Services may provide it to the inmate at no cost to the inmate.
2. Any type of brace must be able to meet the security standards of the institution, and most likely will not have metal hinges or metal supports. Plastic spines and hinges are the recommended material.
3. Dentures may be authorized by the dentist. The HSA will sign the package authorization, the dentist, if available, will initial that he concurs with the approval. The denture will be received by the dentist to ensure proper fit. If the inmate does not have dentures at home, and it is determined by dental staff the inmate has a need for dentures, the appropriate process will be followed to receive the prosthesis.
4. Wheelchairs for acute injuries may be authorized with specific return dates to Health Services. For those inmates that sustained a permanent injury an appropriate wheelchair will be provided by Health Services.
5. Prosthetic devices may be approved by the HSA in coordination with the CD. All prosthetic devices will be x-rayed prior to entering the institution, and are subject to search by any correctional staff.

6. Hearing Aids will be provided to inmates who meet specific criteria per clinical practice guidelines with approval from the CD. Batteries will be provided by Health Services. Inmates having hearing aids at the time of admission may be allowed to keep them.
7. Prescription eye glasses will be provided by the authorized BOP prison industry. Inmates may keep their personal glasses upon admission. All glasses are subject to inspection for contraband.
8. Custom orthotics foot wear will be provided to accommodate certain situations. All requests for purchase of custom shoes/orthotics must be approved by the CD and will be purchased through Health Services Cost Center.


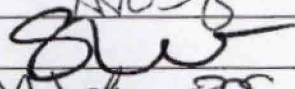
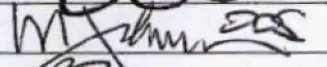
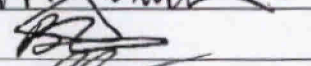
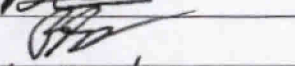
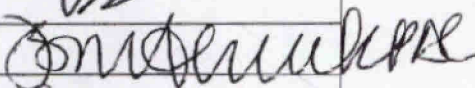
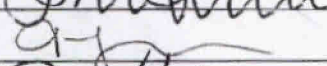
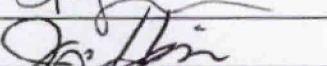
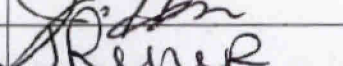
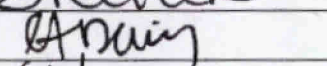
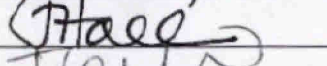


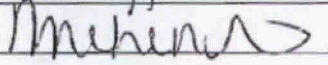

Reviewed: November 1, 2018

**HEALTH SERVICES UNIT**

Federal Correctional Institution

Sandstone, MN

Staff Annual Review 2019

STAFF MEMBER	TITLE	SIGNATURE
H. Voss	H.S.A	
M. Shaw	CD	
M. Johnson	CDO	
B. Zinter	DH	
P. Bennett	FNP	
J. Southwick	PA	
J. Torgerson	RN IOP/IDC	
J. Harris	RN	
J. Revier	HIT	
A. Deering	HIT	
J. Hall	HSAA	
T. Oetterer	MED TECH	
M. Menard	HEALTH TECH/EMT	
M. Degerstrom	RN	
M. Lundberg	RN	

**HEALTH SERVICES UNIT**

Federal Correctional Institution

Sandstone, MN

Staff Annual Review 2018

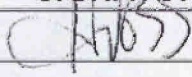


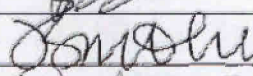
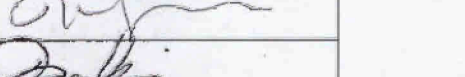
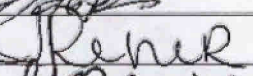
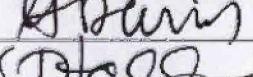

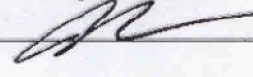


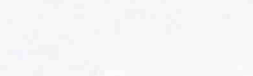
STAFF MEMBER	TITLE	SIGNATURE
H. Voss	H.S.A	H. Voss
P. Harvey	CD	
M. Shaw	CD	M. Shaw
M. Johnson	CDO	M. Johnson
B. Zinter	DH	B. Zinter
P. Bennett	FNP	P. Bennett
J. Southwick	PA	J. Southwick
J. Torgerson	RN IOP/IDC	J. Torgerson
J. Harris	RN	J. Harris
J. Revier	HIT	J. Revier
A. Deering	HIT	A. Deering
J. Hall	HSAA	J. Hall
T. Oetterer	MED TECH	T. Oetterer
M. Menard	HEALTH TECH/EMT	M. Menard
<del>K.M.</del> Degerstrom	RN	K.Degerstrom
M. Lundberg	RN	M. Lundberg

**HEALTH SERVICES UNIT**

Federal Correctional Institution

Sandstone, MN

Staff Annual Review 2017

STAFF MEMBER	TITLE	SIGNATURE
H. Voss	H.S.A	
P. Harvey	CD	
M. Johnson	CDO	
B. Zinter	DH	
P. Bennett	FNP	
J. Southwick	PA	
J. Torgerson	RN IOP/IDC	
J. Harris	RN	
J. Revier	HIT	
A. Deering	HIT	
J. Hall	HSAA	
T. Oetterer	MED TECH	
M. Menard	HEALTH TECH/EMT	



# HEALTH SERVICES UNIT

Federal Correctional Institution


Sandstone, MN


## Staff Annual Review 2016

STAFF MEMBER	TITLE	SIGNATURE	DATE
H. Voss	HSA	<i>H. Voss</i>	3/15/16
P. Harvey	CD	<i>P. Harvey</i>	4/11/16
M. Johnson	CDO	<i>M. Johnson</i>	3-25-16
B. Zinter	DH	<i>B. Zinter</i>	3-28-16
P. Bennett	FNP	<i>P. Bennett</i>	3/21/16
J. Southwick	PA	<i>J. Southwick</i>	4/12/16
R. Leen	RN	<i>R. Leen</i>	3/23/16
J. Torgerson	RN	<i>J. Torgerson</i>	3/19/16
F. Nelson	RN IOP/IDC	<i>F. Nelson</i>	3/18/16
J. Revier	HIT	<i>J. Revier</i>	3/21/16
A. Deering	HIT	<i>A. Deering</i>	3/23/16
J. Hall	HSAA	<i>J. Hall</i>	3/21/16
T. Oetterer	MED TECH	<i>T. Oetterer</i>	3/18/16
M. Menard	HEALTH TECH/EMT	<i>M. Menard</i>	3/16/16
J. Harris	RN	<i>J. Harris</i>	10/14/16
K. Swanson	RN	<i>K. Swanson</i>	10/13/16

Health Services Department  
FCI Sandstone, MN

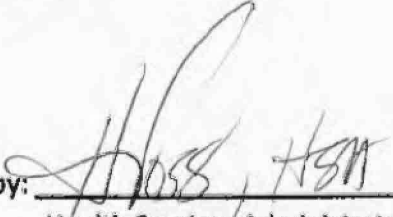
The Health Services Department Policies and Procedures were reviewed and approved by the staff listed below:

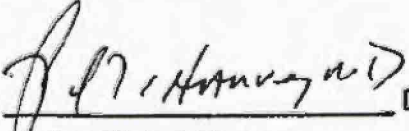
Reviewed by:  Date: November 01, 2018  
Health Services Administrator

Reviewed by:  Date: November 01, 2018  
Clinical Director **Dr. M. Shaw, MD**  
**Clinical Director**  
**FCI Sandstone**

Health Services Department  
FCI Sandstone, MN

The Health Services Department Policies and Procedures were reviewed and approved by the staff listed below:

Reviewed by:  Date: November 27, 2017  
Health Services Administrator

Reviewed by:  Date: November 27, 2017  
Acting Clinical Director



Health Services Department

FCI Sandstone, MN

The Health Services Department Policies and Procedures were reviewed and approved by the staff listed below:

D. L. Harvey MD 6/5/2016

Acting Clinical Director

Date

[Signature]  
Health Services Administrator

6/5/16  
Date



**U.S. Department of Justice  
Federal Bureau of Prisons**

*Federal Correctional Institution*

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Sandstone, MN 55072

October 7, 2016

The Health Services Department Policies and Procedures were reviewed and approved by the staff below:

Reviewed by:   
T. J. Watson, Warden

Reviewed by:   
Eric Williams, Associate Warden